

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

69/441403

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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50						
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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95						
96						
97						
98						
99						
100						
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

TOTAL IND. 4
TOTAL DEF. 46
TOTAL 50

TOTAL IND. 7
TOTAL DEF. 9
TOTAL 16